

Debtor 1	<b>Michael Leon Brock</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF MISSISSIPPI</u>			
Case number	<b>19-10293-JDW</b>		
(if known)			

B 104

## 12/15

**Part 1:** List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

## 1

**\$ \$1,723.94**

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

☐ No  
☐ Yes. Total claim (secured and unsecured)  
     Value of security:  
     Unsecured claim

Contact phone

## 2

**\$ \$662.00**

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

☒ No  
☐ Yes. Total claim (secured and unsecured)  
 Value of security:

## Contact

Debtor 1 Michael Leon Brock Case number (if known) 19-10293-JDW  
Contact phone \_\_\_\_\_ Unsecured claim \$ \_\_\_\_\_

**3** **Campbell's Clinic**  
**P.O. Box 14000**  
**Belfast, ME 04915-4033**  
\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ **\$254.79**

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?  
☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**4** **Methodist Memphis**  
**P.O. Box 75947**  
**Charlotte, NC 28275-5957**  
\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ **\$301.00**

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?  
☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**5** **Saint Francis Hospital**  
**P.O. Box 741274**  
**Atlanta, GA 30374-1274**  
\_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ **\$6,840.58**

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?  
☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**6** **Snap On Credit**  
**950 Technology Way**  
**Suite 301**  
**Libertyville, IL 60048**  
\_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ **\$2,471.83**

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Debtor 1 Michael Leon Brock Case number (if known) 19-10293-JDW

Does the creditor have a lien on your property?



No

Contact



Yes. Total claim (secured and unsecured)

\$

Contact phone

Value of security:

- \$

Unsecured claim

\$

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X

Michael Leon Brock

Signature of Debtor 1

X

Signature of Debtor 2

Date

2/5/2019

Date